

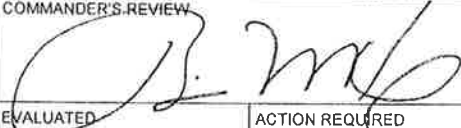
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

FILE COPY

| | | |
|--|----------------------------|---------------------------|
| AREA BAKERSFIELD | DIVISION CENTRAL | NUMBER 420 |
| EVALUATED BY OFFICER J. GRIMALDI, #15259 | | DATE 07/15/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|--------------------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | CORRECTION REPORT <input type="checkbox"/> Correction Report | |
| BY | | COMMANDER'S REVIEW  | DATE 8-25-08 |
| EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING | | EVALUATED YES | ACTION REQUIRED NONE |

- a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No
- b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No
 - (1) Is this philosophy conveyed to:
 - (a) Subordinates. ☒ Yes ☐ No
 - (b) Public safety agencies. ☒ Yes ☐ No
 - (c) Emergency service providers. ☒ Yes ☐ No
- c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No
 - (1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No
 - (2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No
 - (3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No
- d. Have emergency incident plans been evaluated? ☒ Yes ☐ No
 - (1) Do plans include command-specific information? ☒ Yes ☐ No
 - (2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No
 - (a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No
 - (b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No
 - (c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No
 - (d) What methods are used for acquiring necessary supplies and equipment?

PETTY CASH FUND, CAL - CARD AND REIMBURSABLE SERVICES.

- (3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No
- (4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No
- (5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

TRAINING

| | EVALUATED | ACTION REQUIRED | CORRECTED |
|--|-----------|-----------------|---|
| | YES | NONE | |
| a. Is there an awareness of local training requirements? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

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|---|---|--------------------------------|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED YES | ACTION REQUIRED NONE |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| REPORTING PROCEDURES | EVALUATED YES | ACTION REQUIRED NONE |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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EMERGENCY INCIDENT MANAGEMENT PLANNING

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| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| EMERGENCY INCIDENT RESPONSES | EVALUATED YES | ACTION REQUIRED NONE | CORRECTED |

a. List problems Area experienced in exercising EIM.

AVAILABILITY OF PATROL VEHICLES.

| | | |
|--|---|-----------------------------|
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|----------------------|------------|--------|
| AREA | DIVISION | NUMBER |
| Grapevine Insp. Pac. | Central | 16 |
| EVALUATED BY | DATE | |
| S. A. Netzer | 10/04/2008 | |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--------------------|-----------------|
| TYPE OF EVALUATION | | SUSPENSE DATE | |
| <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | | |
| FOLLOW-UP REQUIRED | | COMMANDER'S REVIEW | DATE |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | S. A. Netzer | 10/04/2008 |
| BY _____ | | EVALUATED | ACTION REQUIRED |
| | | X | |
| 1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING | | | |

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. TRAINING | EVALUATED X | ACTION REQUIRED CORRECTED |
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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|---|---|--|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED X | ACTION REQUIRED CORRECTED |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED X | ACTION REQUIRED CORRECTED |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED X | ACTION REQUIRED CORRECTED |
| a. List problems Area experienced in exercising EIM. | | |
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION

EMERGENCY INCIDENT MANAGEMENT PLANNING

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| | | |
|---------------------------------|------------------------------|--------------------|
| AREA Sonora Area | DIVISION Central Division | NUMBER |
| EVALUATED BY Sgt. R.S. Clamp | | DATE 10/28/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|---|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE 04/01/2009 |
| FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Correction Report BY _____ | COMMANDER'S REVIEW <i>RSCB/Sgt. R.S. Clamp</i> DATE 10/28/2008 |
| 1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING | | EVALUATED RSC 09/04/2008 |
| | | ACTION REQUIRED Yes |
| | | CORRECTED |

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (7) Does the need for each plan still exists? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. TRAINING

EVALUATED

RSC 09/04/2008

ACTION REQUIRED

No

CORRECTED

N/A

| | | |
|--|---|-----------------------------|
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|---|---|-----------------------------|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED RSC 09/04/2008 | ACTION REQUIRED No |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED RSC 09/04/2008 | ACTION REQUIRED No |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|--|---|---|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED RSC 09/04/2008 | ACTION REQUIRED No |
| a. List problems Area experienced in exercising EIM. None. | | |
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | ↓ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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DATE: 10/28/2008

c454_506.pdf

M e m o r a n d u m

Date: June 26, 2008

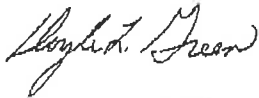
To: Central Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Buttonwillow Area

File No.: 426.10857

Subject: AREA MANAGEMENT EVALUATION - CHP 453R – EMERGENCY
INCIDENT MANAGEMENT PLANNING - INFORMAL EVALUATION

Attached is in an Emergency Incident Management Planning Evaluation, per HPG 22.1, conducted by Sergeant Joel Brock, of the Buttonwillow Area. No follow-up correction report is required. Contact me at (661)764-5580, if you have any questions.

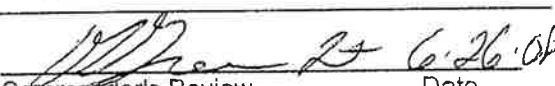


D. L. GREEN, Lieutenant
Area Commander

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

| | | |
|-------------------------------|---------------------|--------------|
| Area Buttonwillow | Division Central | Number |
| Evaluated By Sgt. J. R. Brock | | Date 6/11/08 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

| | | |
|--|--|--|
| Type of Evaluation <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal | | Suspense Date 07/01/2008 |
| Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Correction Report by _____ |  Commander's Review Date |

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

| | | |
|--|---|---------------------------------------|
| Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|--|---|---------------------------------------|

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1 and HPM 50.5? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates? ☒ Yes ☐ No

(b) Public safety agencies? ☒ Yes ☐ No

(c) Emergency service providers? ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

(d) What methods are used for acquiring necessary supplies and equipment? Normal departmental channels.

| | | |
|--|---|-----------------------------|
| (3) Do the plans refer to ICS and CHP and/or command-specific forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are there plans for hazard-specific incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Civil unrest? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1 and HPM 50.5? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, HPM 50.5 or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

| 2. TRAINING | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|--|--|---|---|
| a. Is there an awareness of local training requirements? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Have required employees been trained to initiate and use ICS in emergencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Have managers, supervisors and OICs been trained in the use of HPG 50.3? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is 50.3 readily available? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are managers and supervisors familiar with various ICS forms and their use? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are the records of required training current? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are Area personnel trained to drive and operate departmental EIMVs? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is there a list of trained drivers/operators in the emergency plan or SOP? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Has interagency training pertaining to EIM been conducted? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do Area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Do personnel participate in exercises with these agencies/EMS providers? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
| a. Does commander regularly confer with judges, prosecutors, public defenders? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with local sheriff's offices, police departments, state/county traffic engineers and highway department personnel? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Does he/she maintain a working relationship with County and Regional State Office of Emergency Services personnel? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is the commander a member of emergency organizations? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations or councils? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

| | | |
|---|--|---|
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | | |
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1 and HPM 50.5? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers and supervisors? | | |
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are major state route closures reported per GO 100.46? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EMERGENCY INCIDENT RESPONSES | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. List problems Area experienced in exercising EIM. Buttonwillow Area has not encountered any Problems in the response to emergency incidents. | | |
| | | |
| | | |
| | | |
| (1) Has follow-up investigation been conducted to prevent recurrences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented and forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
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(b) If not resolved, has the Division Chief been notified as required?

☐ Yes ☐ No

COMMENTS

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|-----------------------------|---------------------|--------------------|
| AREA Fort Tejon | DIVISION Central | NUMBER 430 |
| EVALUATED BY Sgt. Brooks | | DATE 03/12/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|-----------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY _____ | | COMMANDER'S REVIEW <i>[Signature]</i> | DATE 3-13-08 |
| 1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING | | EVALUATED X | ACTION REQUIRED No |

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Through pre-planning supplies and equipment are obtained by quarterly requisition.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|-----------------------------|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exists? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. TRAINING | EVALUATED X | ACTION REQUIRED No |
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|---|---|--|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED X | ACTION REQUIRED No |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED X | ACTION REQUIRED No |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No**5. EMERGENCY INCIDENT RESPONSES**

EVALUATED

ACTION REQUIRED

CORRECTED

No

a. List problems Area experienced in exercising EIM.

None


(1) Has follow-up investigation been conducted to prevent recurrences of problems? ☐ Yes ☐ No(a) Is the investigation forwarded through the chain-of-command? ☐ Yes ☐ No(b) Are problems corrected and appropriate changes made to Area plans? ☐ Yes ☐ No(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☐ Yes ☐ No(2) Have there been repeated problems with specific individuals or agencies? ☐ Yes ☒ No(a) Has the Area commander made reasonable efforts to resolve the issues? ☐ Yes ☐ No(b) If not resolved, has the Division chief been notified as required? ☐ Yes ☐ No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

| | | |
|------------------------------------|---------------------|--------------------|
| AREA Mariposa | DIVISION Central | NUMBER 455 |
| EVALUATED BY Sergeant J. Adkins | | DATE 07/21/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | |
|---|--|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | SUSPENSE DATE 06/30/2008 |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Correction Report | COMMANDER'S REVIEW  |
| BY | DATE 8-11-08 |

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

| | | |
|---|-----------------|-----------|
| EVALUATED <input checked="" type="checkbox"/> | ACTION REQUIRED | CORRECTED |
|---|-----------------|-----------|

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? The Area has an adequate amount of local supplies and equipment on hand as well as Division contacts for additional supplies and equipment beyond local routine requirements.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|--|---|-----------------------------|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. TRAINING | EVALUATED X | ACTION REQUIRED |
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

| | | |
|---|---|-----------------------------|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED X | ACTION REQUIRED |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED X | ACTION REQUIRED |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

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| | | |
|--|---|-----------------------------|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|--|-----------------------|-----------------|-----------|
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED X | ACTION REQUIRED | CORRECTED |
|--|-----------------------|-----------------|-----------|

a. List problems Area experienced in exercising EIM. The Area has had only very minor issues that were able to be resolved at the time of occurrence and has not necessitated the need for further action.



| | | |
|--|---|--|
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5.a.(2)(b) - Problems have been resolved at the lowest level of occurrence and have not necessitated the need for further action.

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|-------------------------------------|---------------------|--------------------|
| AREA Merced | DIVISION Central | NUMBER |
| EVALUATED BY C. Heller, Sergeant | | DATE 09-10-2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|--|
| TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED [] Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Correction Report BY _____  | COMMANDER'S REVIEW  |
| | | DATE 9/23/08 | |
| 1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING | | EVALUATED Yes | ACTION REQUIRED No |

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

Area resources, Division resources with past and future evaluations.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | | |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | | |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

2. TRAINING

EVALUATED

ACTION REQUIRED

CORRECTED

Yes

No

| | | |
|--|---|-----------------------------|
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|---|---|-----------------------------|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED Yes | ACTION REQUIRED No |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED Yes | ACTION REQUIRED No |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Destroy Previous Editions

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|--|---|-----------------------------|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

5. EMERGENCY INCIDENT RESPONSES

EVALUATED

ACTION REQUIRED

CORRECTED

Yes

No

a. List problems Area experienced in exercising EIM. The Area has not experienced any problems.

| | | |
|--|------------------------------|-----------------------------|
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Memorandum

Date: September 10, 2008


To: Merced Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Merced Area

File No.: 460.10289

Subject: AREA MANAGEMENT EVALUATION; AREA EMERGENCY INCIDENT
MANAGEMENT PLANNING.

In accordance with HPG 22.1, an informal evaluation of Chapter 16, Area Emergency Incident Management Planning was conducted. The evaluation did not identify a need for any corrective action.



C. HELLER, ID 10289
Sergeant

Safety, Service, and Security

AREA MANAGEMENT EVALUATION

EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

CH 16

| | | |
|-----------------------------|---------------------|--------------------|
| AREA Los Banos | DIVISION Central | NUMBER 461 |
| EVALUATED BY M. Hagerman | | DATE 10/20/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|---|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE 10/31/2008 |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY _____ | | COMMANDER'S REVIEW <i>W.B. HARTMAN</i> <i>W.B.N.</i> |
| <input type="checkbox"/> Correction Report | | DATE 10/20/08 |
| 1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING | | EVALUATED Yes |
| | | ACTION REQUIRED No |
| | | CORRECTED |

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

The methods utilized are based upon past evaluations of emergency incidents and anticipated needs of future incidents. Area and Division resources are utilized.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| 2. TRAINING | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
|--|---|-----------------------------|-----------|
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|---|---|------------------------------|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED Yes | ACTION REQUIRED No |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED Yes | ACTION REQUIRED No |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No

(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No

(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No

(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No

5. EMERGENCY INCIDENT RESPONSES

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. List problems Area experienced in exercising EIM. The Los Banos Area has not experienced any problems.

(1) Has follow-up investigation been conducted to prevent recurrences of problems? ☐ Yes ☐ No

(a) Is the investigation forwarded through the chain-of-command? ☐ Yes ☐ No

(b) Are problems corrected and appropriate changes made to Area plans? ☐ Yes ☐ No

(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☐ Yes ☐ No

(2) Have there been repeated problems with specific individuals or agencies? ☐ Yes ☐ No

(a) Has the Area commander made reasonable efforts to resolve the issues? ☐ Yes ☐ No

(b) If not resolved, has the Division chief been notified as required? ☐ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|-------------------------------------|-----------------|--------------------|
| AREA 464 | DIVISION 401 | NUMBER |
| EVALUATED BY Acting Sgt. S. Loso | | DATE 11/07/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|---|------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY _____ | | CORRECTION REPORT <input type="checkbox"/> Correction Report | |
| 1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING | | COMMANDER'S REVIEW <i>C-17.14.7</i> | DATE 12/1/08 |
| EVALUATED Yes | | ACTION REQUIRED No | CORRECTED N/A |

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

The normal requisition process, credit card when allowed; emergency requisition when necessary.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| 2. TRAINING | EVALUATED Yes | ACTION REQUIRED No | CORRECTED N/A |
|--|---|-----------------------------|------------------|
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

**AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|---|---|---|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED Yes | ACTION REQUIRED No CORRECTED N/A |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED Yes | ACTION REQUIRED No CORRECTED N/A |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
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| | | | |
|--|---|------------------------------|-------------------------|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED Yes | ACTION REQUIRED No | CORRECTED N/A |

a. List problems Area experienced in exercising EIM. None

| | | |
|--|------------------------------|--|
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The Emergency Action Plan, Emergency Operations Plan, and Standard Operating Procedure (SOP) have been updated and are consistent with the facilities level of responsibilities.

Section 5, questions a.(1) a,b,c and 2 (a) and (b) are non-applicable.

Section 3 (c) The Chowchilla River Inspection Facility is included in the written Emergency Incident Plan between the Merced Area and the Merced County S.O.

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|-----------------------------------|---------------------|----------------------|
| AREA Modesto | DIVISION Central | NUMBER 465-08-006 |
| EVALUATED BY C. R. Mahnke, Jr. | | DATE 12/11/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|--|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE 03/31/2009 |
| FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Correction Report BY _____ | COMMANDER'S REVIEW  |
| | | DATE 12.19.08 |

I. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

| | | |
|-------------------------|-------------------------------------|-----------|
| EVALUATED 12/11/2008 | ACTION REQUIRED Yes (see page 5) | CORRECTED |
|-------------------------|-------------------------------------|-----------|

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☐ Yes ☒ No

(1) Is the employee familiar with local resources and conditions? ☐ Yes ☒ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☐ Yes ☒ No

(3) Is there adequate liaison with emergency response and support agencies? ☐ Yes ☒ No

d. Have emergency incident plans been evaluated? ☐ Yes ☒ No

(1) Do plans include command-specific information? ☐ Yes ☒ No

(2) Do plans contain a clear statement of their purpose and objectives? ☐ Yes ☒ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☐ Yes ☒ No

(b) Are there checklists to assist in implementing the plans? ☐ Yes ☒ No

(c) Is there a method for notifying off-duty personnel? ☐ Yes ☒ No

(d) What methods are used for acquiring necessary supplies and equipment?

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☐ Yes ☒ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☐ Yes ☒ No

(5) Are there plans for hazard-specific incidents? ☐ Yes ☒ No

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Can plans be tested? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Are they current? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Do they work? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| TRAINING | EVALUATED 12/11/2008 | ACTION REQUIRED | CORRECTED |
|--|---|-----------------------------|-----------|
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|---|---|--|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED 12/11/2008 | ACTION REQUIRED Yes (see page 5) |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Are existing plans current? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| REPORTING PROCEDURES | EVALUATED 12/11/2008 | ACTION REQUIRED |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|-----------------------------|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

5. EMERGENCY INCIDENT RESPONSES

EVALUATED

12/11/2008

ACTION REQUIRED

CORRECTED

a. List problems Area experienced in exercising EIM. The Modesto Area has not experienced problems in exercising EIM.

| | | |
|--|------------------------------|-----------------------------|
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |


AREA MANAGEMENT EVALUATION

EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

| | | |
|----------------------------|---------------------|--------------------|
| AREA Visalia | DIVISION Central | NUMBER |
| EVALUATED BY Sgt. Tripp | | DATE 09/30/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|---|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE 11-1-08 |
| FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Correction Report BY _____ | COMMANDER'S REVIEW  DATE 10-1-08 |

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

| | | |
|------------------|------------------------|-------------------------------|
| EVALUATED Yes | ACTION REQUIRED Yes | CORRECTED Pending 10/29/08 |
|------------------|------------------------|-------------------------------|

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Maintain a minimum reserve of supplies and

equipment on hand within Area. Obtain from neighboring CHP Area's, obtain from other State, Federal and local agencies,

use Cal Cards and utilize the X-number program.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | 10/29 <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exists? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | 10/29 <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

2. TRAINING

| | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
|--|---|-----------------------------|-----------|
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|---|---|--|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED Yes | ACTION REQUIRED Yes |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED Yes | ACTION REQUIRED No |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|------------------------------|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED Yes | ACTION REQUIRED No |
| a. List problems Area experienced in exercising EIM. In recent history there had not been any significant problems experienced in exercising EIM. Any problems encountered have been minor in nature and handled at the lowest possible level. | | |
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

See attached Summary.

1. **EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING**

- a. The Area Commander has a clear understanding of the Department's philosophy and policy with respect to emergency incident management. He conveys his philosophy during training days, at staff meetings and on a day to day basis when he discusses specific emergency incidents with the Field Operations officer and sergeants. In addition, the Commander is active in the Tulare County Police Chief's Association, where the subject of incident management is discussed as appropriate.
- c. The Visalia Area EIM coordinator is Sergeant Jeff Rhea. Sergeant Rhea has the ancillary responsibility to update and maintain the Area Emergency Action Plan (EAP), the Area Emergency Operations Plan (EOP), and the Area Standard Operating Procedures (SOP). Sergeant Rhea has reviewed and updated the EAP, and is currently in the process of conducting an annual review and reformat of the Area EOP.

Action Item: The annual review and reformat of the EOP should be completed by Sergeant Rhea, no later than November 1, 2008.

- d.2.d. A method used by Area to acquire necessary supplies and equipment is to first maintain a minimum reserve of supplies and equipment on-hand within the Area. Area will also be able to acquire supplies and equipment from neighboring CHP Area's and from other State, Federal and local agencies. When necessary, Area will utilize Cal Cards and the X-number program.
- d. 5.c. The Visalia Area encompasses mountainous terrain leading to the Sequoia National Forest, on the west side of Tulare County. The community of Three Rivers is located in this mountainous area. A hazardous-specific incident plan for fire should be incorporated into the Area EOP.

Action Item: A hazardous-specific incident plan for Wild Fires should be incorporated into the EOP by Sergeant Rhea, no later than November 1, 2008.

- d.5.g. The effect of a tsunamis/coastal storm is not likely to be experienced by Area.
- d.5.j. Terrorist attack on probable targets within Area is addressed in Area's hazardous-specific incident Flood/Dam Failure Plan.

- d.5.k. There is a small airport within the Visalia Area, located near State Route 198, at State Route 99. The airport currently does not offer commercial airline flights.
- d.6.b. During the month of August 2008, the Field Operations officer ensured all MOUs with other emergency service agencies received an annual review.
- d.8. The Area SOP does not address the issue of emergency incident management. However, current policy and law requires emergency incident management and associated operational issues be addressed in an Emergency Action Plan (EAP) and Emergency Operation Plan (EOP). Any discussion of this subject in the Area SOP should be limited to referencing the above mentioned documents.

Action Item: The Area SOP should be updated with guidelines for emergency incident management, with reference to the Area EAP and Area EOP. The update should be made by Sergeant Rhea, no later than November 1, 2008.

- d.8.a. Refer to above comment.

2. TRAINING

- b.6. The Area Training Officer maintains the Employee Training Record System, which is an automated roster of employee training. The system is maintained daily and the training records are current.
- c.2. Other public safety agencies and emergency service providers do not attend Area training days to discuss their role in emergency incident management. Area personnel work with other public agencies and service providers on a daily basis and have a firm understanding of the roles and responsibilities of the other agencies/providers.
- c.3. The latest participation of Area personnel in an exercise with allied agencies was an active shooter exercise hosted by the Visalia Police Department.

3. **RELATIONSHIP WITH ALLIED AGENCIES**

- a. The Area's relationship with allied agencies continues at an outstanding level. The Area Commander meets regularly with the local agency heads and management level personnel from all Departments served by the Visalia Area.
- c.3. The existing plans are currently being updated by Area EOP coordinator, Sergeant Rhea. Refer to Section 1, Subsection c.

4. **REPORTING PROCEDURES**

- a. The Area Commander, Field Operations officer and supervisors understand reporting and documentation requirements for emergency incidents as contained in General Orders 100.80 – Report of Unusual Occurrence, 100.46 – Major Route Closures, and Highway Patrol Manual 84.2 – Hazardous Materials Incident.

5. **EMERGENCY INCIDENT RESPONSES**

- a. In recent history, there have not been any significant problems experienced in exercising EIM. Any problems encountered have been minor in nature and handled at the lowest possible level.

M e m o r a n d u m

Date: December 17, 2008

To: Porterville Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Porterville Area

File No.: 481.12883

Subject: AREA MANAGEMENT EVALUATION - EMERGENCY INCIDENT
MANAGEMENT PLANNING

On December 17, 2008, I conducted an evaluation of the Porterville Area Emergency Incident Management Planning. Area's Emergency Operations Plan and Emergency Action Plans are up to date and in good order. The only deficiency found was the Area's Standard Operating Procedures (SOP) in regards to Emergency Incident Management. The Area SOP needs to be updated to include the proper contact information in case of an emergency incident.

Action plan: The Porterville Area's SOP is currently being reviewed and updated. When the SOP is updated it will contain the most current contact information.



L. E. McGUIRE, ID 12883
Sergeant

Safety, Service, and Security

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|---|---------------------|--------------------|
| AREA Porterville | DIVISION Central | NUMBER 481 |
| EVALUATED BY Sgt. L. McGuire, ID 12883 | | DATE 12/17/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|---|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE JANUARY 30, 2009 |
| FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Correction Report BY _____ | COMMANDER'S REVIEW <i>[Signature]</i> DATE 12/22/2008 |

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

| | | |
|--|---|---------------------------------------|
| EVALUATED <input checked="" type="checkbox"/> | ACTION REQUIRED <input type="checkbox"/> | CORRECTED <input type="checkbox"/> |
|--|---|---------------------------------------|

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Contact will be made with local vendors who's

facility is able to provide supplies and services. An 'X' number or a purchase contract will be obtained if possible. If not, a

line of credit will be established with the vendor until such time order is restored and payment can be made.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exists? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. TRAINING | EVALUATED X | ACTION REQUIRED |
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|---|---|--|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED X | ACTION REQUIRED CORRECTED |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED X | ACTION REQUIRED CORRECTED |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

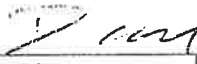
CHP 453R (Rev. 6-06) OPI 009

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| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED X | ACTION REQUIRED CORRECTED |
| a. List problems Area experienced in exercising EIM. None | | |
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
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| | | |
|-------------------------------------|---------------------|------------------|
| AREA Coalinga 495 | DIVISION Central | NUMBER 16 |
| EVALUATED BY Sergeant Vander Mel | | DATE 07/18/08 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|------------------|
| TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW  | DATE 10/15/08 |
| BY | | | |

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

| | | |
|-------------------------|-----------------|-----------|
| EVALUATED 07/18/2008 | ACTION REQUIRED | CORRECTED |
|-------------------------|-----------------|-----------|

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Contact state contracted vendors or work with the

Division X Number Coordinator to purchase necessary supplies.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. <i>SEE PAGE 4</i> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exists? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. TRAINING | EVALUATED 07/18/08 | ACTION REQUIRED CORRECTED |
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

| | | |
|---|---|--|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED 07/18/08 | ACTION REQUIRED CORRECTED |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED 07/18/08 | ACTION REQUIRED CORRECTED |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Destroy Previous Editions

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
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| | | |
|--|---|--|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED 07/18/08 | ACTION REQUIRED CORRECTED |
| a. List problems Area experienced in exercising EIM. | | |
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Page 2, I.d.(5)(j) - The only potentially likely terrorist attack in the Coalinga Area would be compromising over crosses and under crosses on I-5. Protocol for checking I-5 related structures are covered in emergency action plans for Earthquakes.

Page 3, 2.c. - Training between other law enforcement agencies, fire departments, and service providers such as P,G + E, Pool Energy Resources, etc. has occurred in recent years.

3.c.(6) - In HPM 50.1, under the Emergency Highway Traffic Regulation plan, Area has developed evacuation plans for assisted local communities with predesignated traffic control points.

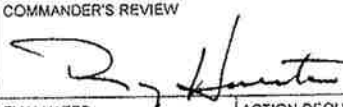
Page 4, 5.a.(2)(a) through (b) - Both of these items are not applicable.

**AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

| | | |
|-----------------------------|---------------------|--------------------|
| AREA Fresno | DIVISION Central | NUMBER 435 |
| EVALUATED BY D. Koetsier | | DATE 11/28/2008 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|------------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW  | DATE 12/30/08 |
| BY | | EVALUATED Yes | ACTION REQUIRED Yes |

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

| | |
|--|---|
| a. Are Area employees familiar with various departmental publications which provide for EIM planning? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is this philosophy conveyed to: | |
| (a) Subordinates. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Public safety agencies. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Emergency service providers. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Is an employee assigned to develop and routinely update EIM plans? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is the employee familiar with local resources and conditions? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is input obtained from uniformed and nonuniformed personnel? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is there adequate liaison with emergency response and support agencies? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Have emergency incident plans been evaluated? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do plans include command-specific information? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Do plans contain a clear statement of their purpose and objectives? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Is there an assignment of responsibility commensurate with appropriate authority? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are there checklists to assist in implementing the plans? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is there a method for notifying off-duty personnel? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) What methods are used for acquiring necessary supplies and equipment? | |
| Quarterly requisitions, "X" number requests, departmental credit card, and adjoining CHP areas. | |
| (3) Do the plans refer to ICS and CHP and/or command-specific forms? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are there plans for hazard-specific incidents? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|--|---|--|
| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. TRAINING | EVALUATED Yes | ACTION REQUIRED No |
| a. Is there an awareness of local training requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|---|---|------------------------------|
| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED Yes | ACTION REQUIRED No |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED Yes | ACTION REQUIRED No |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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| | | |
|--|---|------------------------------|
| (2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are Hazardous material incident reports (CHP 407E) prepared? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EMERGENCY INCIDENT RESPONSES | EVALUATED Yes | ACTION REQUIRED No |
| | | CORRECTED No |

a. List problems Area experienced in exercising EIM. Refer to page 7 and page 8, section 5.

| | | |
|--|---|--|
| (1) Has follow-up investigation been conducted to prevent recurrences of problems? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the investigation forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are problems corrected and appropriate changes made to Area plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are corrected actions taken, documented, and forwarded through the chain-of-command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have there been repeated problems with specific individuals or agencies? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) Has the Area commander made reasonable efforts to resolve the issues? | <i>N/A</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) If not resolved, has the Division chief been notified as required? | <i>N/A</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION

Chapter 16

EMERGENCY INCIDENT MANAGEMENT PLANNING

On November 28, 2008, an audit of the Fresno Area Emergency Incident Management Planning was completed. Prior to completing CHP 453R, a review of HPM 50.1, HPM 50.3, and HPM 50.5 was completed. The Fresno Area Emergency Operation Plan (EOP), Area Emergency Action Plan (EAP), and Area Standard Operating Procedure (SOP) were also reviewed to confirm that all required information related to emergency incident management was properly documented.

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

a) Area Familiarity

- Area has taken appropriate measures to ensure all employees are familiar with the content and stored location of all emergency plans including Area specific plans and departmental plans. Information regarding the content and location of the plans has been given to Area employees during briefings, training days, and annual evaluations.

b) Development and Update

- The Area Occupational Safety Coordinator annually reviews the Area specific EIM plans. The plans are routinely updated and developed as needed.

c) Evaluation

- All Area EIM plans conform to CHP policy and are in accordance with appropriate Highway Patrol Manuals (HPM).
- The Area has several command-specific EIM plans. Due to the location of the Area's jurisdictional boundaries, a tsunamis/coastal storm plan has not been developed and has been determined to be unnecessary.
- The Area's EOP only contained general information regarding aircraft crashes and fires; therefore, a specific aircraft crash/fire plan was developed and added to the EOP.

AREA MANAGEMENT EVALUATION

Chapter 16

EMERGENCY INCIDENT MANAGEMENT PLANNING

- The Area SOP contains three initial response squads for civil disturbance incidents. The SOP also contains planning information for similar incidents. However, the lists and planning information are not up-to-date.

Action Item: The supervisor assigned to developing and updating the Area SOP will be advised of the needed changes and tasked with updating the SOP.

2. TRAINING

a) Awareness

- Area Management and Supervision are actively involved in the Area EIM planning and training. The Area Commander utilizes the Area Occupational Safety Program, Area monthly staff meetings, and Area training forums to convey information and develop EIM plans and/or address training issues.
- Emergency Medical Service (EMS) providers and allied agencies participate in Area training forums and multi-agency emergency incident briefings/debriefings.

b) Records/Reporting

- Area employee training records are maintained utilizing the Employee Training Records System (ETRS), personnel folders, and a "hard copy" filing system. The CHP 712, Employee Emergency Action Plan Review, is completed twice annually during Area 4th quarter training and annual evaluations.
- Area emergency incidents and training exercises are documented quarterly in the Area Strategic Plan Report. The Strategic Plan Report is maintained on computer file along with debriefing items and after action reports.

c) Exercises

- Within the past year the Area participated in two major emergency incidents involving a fog-related, multi-vehicle collision with full freeway closures and a school lock down incident in the which the Area assisted an allied agency. The Area also conducted an emergency preparedness drill in conjunction with the Golden Guardian 2008 exercise.

AREA MANAGEMENT EVALUATION

Chapter 16

EMERGENCY INCIDENT MANAGEMENT PLANNING

3. RELATIONSHIP WITH ALLIED AGENCIES

a) Working Relationships

- The Area Commander is aware of the importance of establishing and maintaining good working relationships with allied agencies. The Area Commander also encourages all employees to establish good working relationships with their allied agency counterparts.
- The Area has had recent success in maintaining the good working relationships that currently exist with allied agencies.

4. REPORTING PROCEDURES

a) Evaluation

- A review of recent emergency incidents revealed the Area failed to properly report/make notifications following a recent evacuation of the Area office as a result of a possible facility fire.

Action Item: The deficiency will be presented to Area Management and Supervisors during an upcoming Area staff meeting in order to prevent any future occurrences.

- All other emergency incidents and all training exercises were properly reported and the appropriate notifications were made.

5. EMERGENCY INCIDENT RESPONSES

a) Problems when Exercising EIM

- During a fog-related, multi-vehicle traffic collision, there was a lack of communication between CHP and the fire department creating a break down in the Incident Command System (ICS). The fire department commander did not communicate with on-scene CHP personnel and subsequently gave inaccurate information to news media.

Action Item: Due to an established and good working relationship with the fire department, the issue was addressed in a post incident meeting. The Area has not had any other communication problems with the fire department since the issue was addressed.

AREA MANAGEMENT EVALUATION

Chapter 16

EMERGENCY INCIDENT MANAGEMENT PLANNING

During the emergency preparedness drill in conjunction with the Golden Guardian 2008 exercise, several potential problems were noted regarding available resources, communications, traffic conditions, and employee readiness for deployment. Detailed descriptions of the problems were noted in the Golden Guardian 2008 Exercise After Action report.

Action Item: The Area's available resources (vehicles, extenders, extender batteries, etc.) can not sustain a full Area response to an incident such as the aforementioned exercise. The Area's Administrative Officer and Fleet Supervisor will be contacted to discuss the issue and develop solutions. Employees' readiness for deployment was delayed due to several of the employees not possessing "Go-Bags" or Personal Protective Equipment (PPE) at the Area office. The requirement to possess a "Go-Bag" and PPE will be addressed to employees during training days and briefings. A briefing item will be placed in a suspense file in order that employees may be re-briefed twice annually of the requirement. The issue will also be addressed in the Area SOP. The communication problem is currently being addressed by headquarters and the traffic problem relates to Southern Division highways not Area highways.



D. KOETSIER, #17090

Sergeant

Fresno Area